

ELDER ABUSE DIRECT SERVICE EXPENDITURES

CY _____

Completion of reports to the department is authorized under ss. 46.90(8)(c). Failure to complete required reports may result in loss of funding to the county.

Name - County	Today's Date (mm/dd/yyyy)
Allocation	Name - Person Reporting

I. Persons Served

Number of persons served during calendar year: _____

Have elder abuse reports been submitted for each person? ☐ Yes ☐ No
If "No", why not?

II. Is your Elder Abuse Interdisciplinary Team (I-Team) operational? ☐ Yes ☐ No

If so, how often did it meet? ☐ Monthly ☐ Quarterly ☐ Other (How frequently?) _____

What do you regard as your I-Team's biggest accomplishments for this past year?

What has been the biggest obstacle in the operation of your I-Team?

III. Use of Funds	Amount Spent
In-Home Services (e.g. Supportive Home Care)	\$
Service Coordination (e.g. assessment, case management, crisis intervention)	\$
Respite / Adult Day Care	\$
Residential Care (e.g. Adult Family Home, CBRF)	\$
Advocacy and Legal Services	\$
Counseling / Therapeutic Resources	\$
Domestic Abuse Program Efforts	\$
Interdisciplinary Team Activity	\$
Training / Outreach (No more than 10% of allocation can be spent in this category.)	\$
Other:	\$
Other:	\$
Other:	\$
Other:	\$
Other:	\$
TOTAL:	\$

Return by this form by March 1 of each year to: Monica Smith, BALTCR, PO Box 7851, Madison, WI 53707-7851 or via e-mail at smithMJ1@dhfs.state.wi.us. You must also submit a copy of this completed form to your Area Agency on Aging.